

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101574,407

FILING DATE

3-30-06

APPLICANT(S)

4-27-06

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5			1			
6				1		
7				1		
8				1		
9				1		
10				1		
11				1		
12				1		
13			1			
14				1		
15				1		
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50						
TOTAL IND.	1	↓	3	↓		↓
TOTAL DEP.	3	←	17	←		←
TOTAL CLAIMS	4		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						